DOCUMENT RESUME

ED 346 980 PS 020 604

AUTHOR Weill, James D.
TITLE Child Advocacy in the United States: The Work of the Children's Defense Fund. Innocenti Essays No. 2.
INSTITUTION United Nations Children's Fund, Florence (Italy).
REPORT NO ISSN-1014-7829
PUB DATE Aug 90
NOTE 27p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Child Advocacy; Childrens Rights; *Child Welfare; *Disadvantaged Youth; Financial Support; *Lobbying; Nonprofit Organizations; Political Issues; Program Descriptions; *Public Opinion; *Social Action; Social Problems
IDENTIFIERS *Childrens Defense Fund; Federal Budget

ABSTRACT

This essay provides an overview of the goals and activities of the Children's Defense Fund (CDF), an advocacy group headquartered in Washington, D.C. that works to improve the well-being of American children through systemic change and whose goal is to make it unacceptable for any child in the United States to grow up homeless, hungry, sick, uncared-for, unsafe, undereducated, or without hope for the future. The introductory section of this paper provides background information on the formation, vision, and workings of the CDF. Part I of the essay provides a statistical profile of United States children, offering data on the number of children living in poverty, access to health insurance, teen pregnancy and births, and child care and family leave. In addition, problems related to education, housing and homelessness, abuse and neglect, and violence are described. Part II presents a portrait of the CDF, including information on its wide base of financial support; staff; founder; and concern with the needs of poor, minority, and disabled children. Part III explains the ways in which the CDF advocates for children through research and analysis, the publication of results, budget advocacy, media campaigns, mobilization of the public, development of coalitions, lobbying for legislation, efforts to make sure that laws to protect children are implemented, work with state offices, and community-based projects. Throughout the report, insets are used to present data on the status of children; brief reports on issues; and CDF accomplishments. (AC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

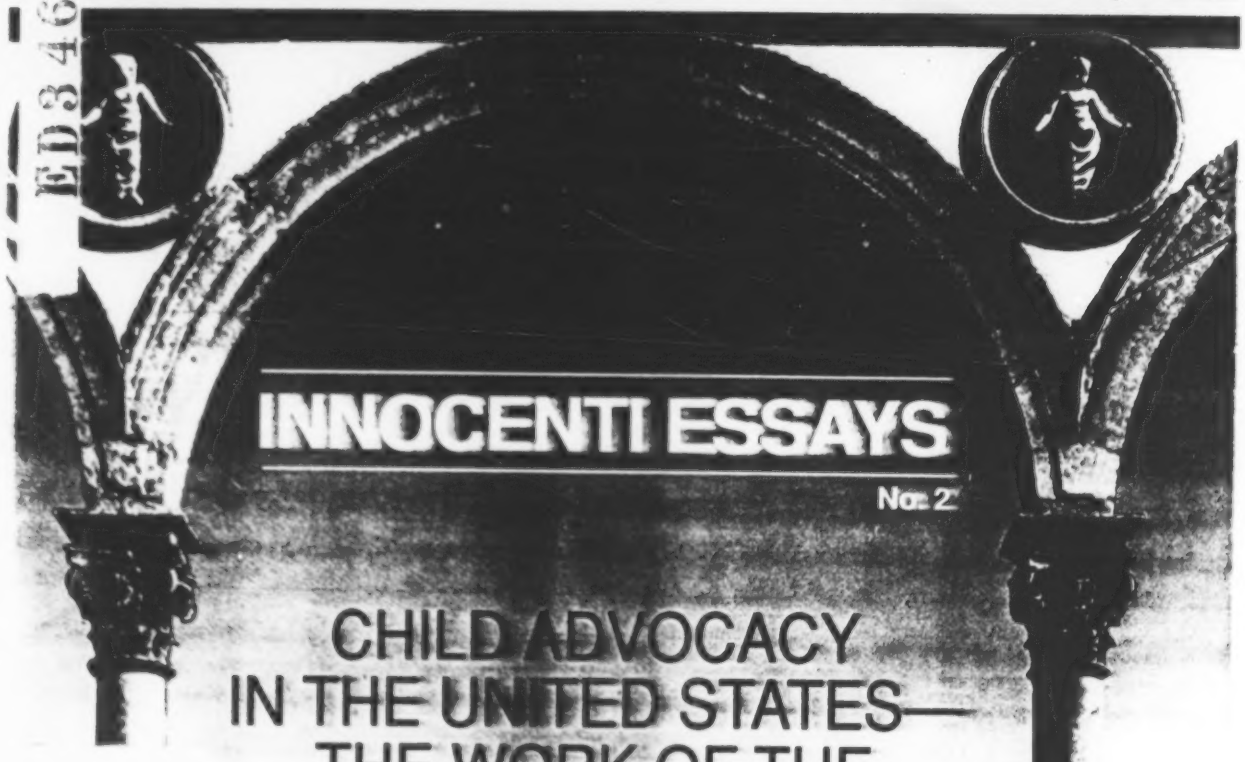
U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED346980



INNOCENTI ESSAYS

No. 2

CHILD ADVOCACY IN THE UNITED STATES— THE WORK OF THE CHILDREN'S DEFENSE FUND

James D. Weill

"PERMISSION TO REPRODUCE THIS MATERIAL IN **OTHER THAN PAPER COPY** HAS BEEN GRANTED BY

James R. Himes

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 020604

unicef
INTERNATIONAL CHILD DEVELOPMENT CENTRE

BEST COPY AVAILABLE

The Children's Defense Fund Logo

The author wishes to thank for their valuable assistance Bilge Ogun, Jim Himes, Deborah Scarpelli, and Lindsay Counts of UNICEF and Denise Doherty, Belva Finlay, Donna Jablonski, and Janis Johnston of CDF.

Copyright © 1990.
UNICEF International Child Development Centre
Spedale degli Innocenti
Florence, Italy
Printed in the United States of America.

ISSN: 1014-7829
August 1990

All correspondence should be addressed to:
Bilge Ogun, Senior Program Officer
International Child Development Centre
Piazza S.S. Annunziata, 12
50122 Florence, Italy
Tel. 39 55 2345 258
Fax 39 55 244 817
Telex 572297 UNICEF I

The views expressed in this paper are those of the author and do not necessarily reflect the policies or the views of UNICEF or the Children's Defense Fund.

For more information on the Children's Defense Fund write to 122 C Street, N.W., Washington, D.C. 20001 or call (202) 628-8787.

CHILD ADVOCACY IN THE UNITED STATES — THE WORK OF THE CHILDREN'S DEFENSE FUND

by James D. Weill

The Children's Defense Fund (CDF) is a nonprofit organization which exists to provide a strong and effective voice for the children of the United States.

CDF began in 1973 with its small staff knocking on doors in a number of towns and neighborhoods across the United States, looking for children who should have been in school, but were not. CDF was trying to find out why.

The resulting survey, along with reams of statistics culled from public sources, documented the practices of many public schools that excluded some children who were not white or did not speak English, or who were poor or pregnant, or who needed special help hearing, seeing, walking, learning, or developing. The ensuing CDF report, *Children Out of School in America*, was a powerful catalyst for the enactment of the national law that seeks to guarantee equal educational opportunity to all disabled children. The study also led to lawsuits challenging the exclusion of disabled children; the imposition by public schools of fees for books and activities when even small fees effectively kept many poor children out of school; and the suspension or expulsion of disproportionate numbers of minority students in some school districts.

The Children's Defense Fund has been knocking on doors and speaking out for children ever since.

CDF is a voice for all children in the United States, but especially for those who are denied a chance to earn their piece of the "American Dream." CDF speaks for poor and minority children; for disabled children; for children who are born malnourished or drug-addicted; for children who are not having their hearing or vision problems attended to; for homeless children, who live in cars or in crowded and unsanitary shelters for the homeless; for children who drop out of school without acquiring the skills to enter the work force.

U.S. politics and public programs often shortchange children. One out of five children in the United States lives in poverty. One out of five has no health insurance. There is no guaranteed minimum income floor and no system of universal health insurance for families. Most mothers work, but day care is too expensive for many families and decent care is in short supply. Many millions of U.S. children suffer from these causes. An estimated 11,000 children die from the effects of poverty in the United States each year.

CDF's goal is to make it unacceptable to allow any child in the United States to grow up homeless, hungry, sick, uncared for, unsafe, undereducated, or without hope for the future. CDF is working to create a nation in which the web of family, community, private sector, and government supports for children is so tightly woven that no child can slip through. CDF works particularly for preventive investment in children *before* they get sick, fall behind or drop out of school, get pregnant, or get into trouble.

BOX 1

One Day in the Lives of U.S. Children

17,051	women get pregnant.
2,795	of them are teenagers.
1,106	teenagers have abortions.
372	teenagers miscarry.
1,295	teenagers give birth
689	babies are born to women who have had inadequate prenatal care.
719	babies are born at low birthweight (less than 5 pounds, 8 ounces).
129	babies are born at very low birthweight (less than 3 pounds, 5 ounces).
67	babies die before one month of life.
105	babies die before their first birthday.
27	children die from poverty.
3	children die from child abuse.
10	children die from guns.
30	children are wounded by guns.
6	teenagers commit suicide.
135,000	children bring guns to school.
7,742	teens become sexually active.
623	teenagers get syphilis or gonorrhea.
211	children are arrested for drug offenses.
437	children are arrested for drinking or drunken driving.
1,512	teenagers drop out of school.
1,849	children are abused or neglected.
3,288	children run away from home.
1,629	children are in adult jails.
2,556	children are born to unmarried women.
2,989	see their parents divorced.
34,285	people lose jobs.
100,000	children are homeless.

CDF's vision is rooted in the United States' fundamental ideals — strong families, caring communities, social justice, and equal opportunity for all citizens. CDF's commitment to children is a commitment to helping the nation realize its finest potential.

CDF is not an organization that primarily provides services to children on a case-by-case basis. Rather, most of CDF's work is aimed at systematic and institutional change: helping thousands or millions of children by getting a new law passed or a major court order entered, or by changing a bureaucracy's behavior or altering public attitudes.

Marian Wright Edelman, a civil rights lawyer who was the first black woman admitted to practice law in Mississippi, founded CDF. Ms. Edelman moved to Washington, D.C. in 1968 as counsel for the Poor People's March that Dr. Martin Luther King began to organize before his death. She then started the Washington Research Project, a public interest research and advocacy organization that in 1973 evolved into the Children's Defense Fund, with an exclusive focus on the needs of children.

These organizations set out to make sure that the rights of poor people, minorities, and children would be enforced. An initial belief that this could be done by working with administrators and executive branch officials and without needing to go to court or advocate in other ways soon proved misplaced. It became clear that lawsuits also would be necessary to protect those rights.

In the 1950s and 1960s, the U.S. Supreme Court opened the courtroom doors to claims by blacks and other oppressed groups that they had been denied rights under the U.S. Constitution and statutes. The courts invalidated a number of laws, such as those that racially segregated schools or denied welfare aid to families newly arriving in a state. In one important 1967 case the U.S. Supreme Court ruled that children accused of delinquency had a right to basic procedural protections, such as notice of the charges and representation by an attorney.

Several new appointments to the Supreme Court in 1969-1972, however, started a long-term erosion of the judicial system's receptivity to lawsuits on behalf of minorities, poor people, and children. By the late 1980s, after more new appointments to the Court, the judiciary was retreating from many of the rights earlier articulated, including rights for children and poor families.

During much of this period the federal executive branch also was unreceptive to many claims by poor people, children, and minorities. As a result, much of CDF's history has been a struggle against adversity and a constant search for new and better devices to create and implement social change for children. More aggressive and more imaginative advocacy techniques have been required to give children a voice, especially in the legislatures and the media. CDF's adaptability over the nearly two decades of its existence has been one of its greatest strengths.

No group is more disadvantaged in the political process than children — they cannot vote, cannot hold political office, do not give money to candidates, and rarely can speak publicly for their interests. They have no access to any of the traditional levers of political power. But the courts' growing reluctance to reach out to protect minorities and the disenfranchised has forced children's advocates to turn to processes driven by votes and money and to devise ways to use those processes on behalf of children.

CDF has been the leader in this evolution. It has sought to inject children's concerns into the public consciousness and into the political and policy-making arenas, to change the behavior of all groups and all strata of society toward children.

The arsenal of advocacy techniques used to accomplish this has included: extensive research, surveys, reports, and publication of agendas for change; using the mass media and other forms of public education to raise children's needs higher on the national agenda; drafting, testifying, and lobbying for legislation, and publishing the voting records of legislators on children's issues; informing, organizing, and training parents, service providers, administrators, and child advocates; technical assistance and advocacy to implement legislation at the federal, state, and local levels; and organizing demonstration projects.

To do all this, CDF has grown from a very small group in 1973 to an organization with more than 100 staff members and a projected 1990 budget of $8.6 million. And in doing this, CDF has become far better known — as an organization that provides reliable facts, speaks insistently for children, and advocates always with its eyes focused on what children need.

I. A SNAPSHOT OF CHILDREN IN THE UNITED STATES

The United States is a nation of extraordinary wealth. It has the world's largest GNP and one of the highest per capita GNPs ($21,040 in 1989). While the rate of economic growth has slowed, the United States' abundance still is increasing. From 1976 to 1989, U.S. GNP in real terms (after adjusting for inflation) grew 47 percent.

Most U.S. children are beneficiaries of this affluence. Their parents have jobs that provide a decent standard of living and health insurance. They live in comfortable homes and safe neighborhoods, never know hunger, go to decent schools, and receive some of the best health care in the world.

Given the United States' abundance, however, a shocking number of children do not have even the basics of a healthy life. Children are by far the poorest Americans. The situation worsened in the 1980s as the child poverty rate grew and gaps between the rich and poor in the United States increased dramatically. Improvements in maternal and child health ground to a halt, the proportion of children in single-parent families rose, housing conditions worsened, and federal expenditures for needy children declined.

A. Poverty

In 1988, 12.6 million children lived in poverty in the United States — 20 percent of the 63 million Americans under the age of 18. They had incomes below the official poverty line ($9,435 for a family of three, an amount which was only 28 percent of the median income for families of that size). Even this astronomical poverty rate may understate the real extent of child poverty in the United States (see Appendix 1). And there are even more extraordinary concentrations of poverty among some groups of U.S. children, such as infants and toddlers and minorities (see Box 2).

The proportion of U.S. children in poverty grew by more than one-third from 1973 to 1988. The child poverty rate is nearly twice the adult rate. Child poverty is no longer particularly responsive to routine economic growth. At the 1982-1988 rate of pulling children out of poverty, it

BOX 2

A U.S. Child's Chances of Being Poor

If white	1 in 7
If black	4 in 9
If Latino	3 in 8
If in a female-headed family	1 in 2
If in a rural area	1 in 4
If younger than three	1 in 4
If age three to five	2 in 9
If age six to 17	2 in 11
If the child is also a parent	7 in 10
If the family head is younger than 25	1 in 2
If the family head is younger than 30	1 in 3

would take until the year 2005 just to get the number of U.S. poor children back to its unacceptable 1973 level.

A number of factors are contributing to continuing high child poverty rates despite the economic growth of the 1980s: the replacement of higher-paying manufacturing jobs by lower-paying service sector jobs for young, non-college educated workers; the growth in part-time and temporary jobs; the failure of the government from 1981 to 1989 to adjust the minimum wage at all, despite inflation (a parent working full time, year-round at the minimum wage now does not earn enough to raise a family of three out of poverty); the shift in family composition to more single-parent families; and the huge drop in earnings for young workers, especially those who do not go to college (the earnings of heads of young families with children fell 36 percent from 1973 to 1987). Moreover, only a minority of single mothers get a court to award child support from an absent father and then manage to collect it. And from 1970 to the present day, the amount of a cash public assistance grant for a poor family with children has dropped dramatically.

Not only the breadth of poverty is extraordinary, but so is the depth. In 1988, 43 percent of all poor families with children had incomes of less than half the poverty level. (For a family of three, half of the poverty level would be $4,718 a year.)

The U.S. child poverty rates are much higher than those in most similar nations. A 1988 report comparing poverty in eight industrial democracies showed the child poverty rate in the United States was two to three times that of Switzerland, Sweden, Norway, West Germany, Canada, and the United Kingdom, and slightly higher than Australia's.

B. Health Insurance and Health Status

While the United States has some of the most advanced medical facilities and treatment in the world, millions of Americans have only limited access to care. Because health care is so expensive (the United States spent $1,919 per capita in 1987), few families can afford adequate care without health insurance. But the United States, alone among Western democracies, has no system that assures health insurance or service for all children and pregnant women.

Between 31 million and 37 million Americans, including 12 million children and more than 9.5 million women of childbearing age, had no health insurance at all in 1988. For others, insurance may be inadequate; for example, 4.5 million other women of childbearing age had insurance but it did not include maternity coverage. The number of uninsured persons grew significantly in the 1980s.

Most non-elderly Americans obtain health insurance when the employer pays some or all of the premiums. Many employers, especially small businesses, do not do this at all. Even large employers have been cutting back on insurance coverage, especially for dependents of their workers. Children and young adults are the Americans least likely to be insured. Children make up one-fourth of all people in the United States younger than 65, but one-third of the uninsured persons. The results in health status have been very serious (see Box 3).

C. Teen Pregnancy and Births

High rates of teen pregnancy and births are both a cause and a consequence of high U.S. poverty rates. Two in every five girls in the United States

get pregnant before the age of 20 and one in every five bears a child.

The U.S. teen pregnancy rate is one of the highest among industrialized democracies, even though U.S. teenagers are not more likely to be sexually active. The U.S. adolescent pregnancy rate is twice that of France, England, and Canada, and seven times that of the Netherlands.

One likely cause is the limited access many teens in the United States have to sex education, open discussion of sexuality, and contraception if they are sexually active. Equally important is the lack of hope for their futures prevalent among many groups of U.S. teens — living in poverty and having poor basic academic skills mean a teen is far more likely to bear a child. One study shows countries with high teenage pregnancy rates also are those with very inequitable distributions of income. Giving teenagers compelling reasons to avoid premature pregnancy demands providing them the opportunity, education, and skills they need to build decent futures.

Teen births are a worsening problem not because the U.S. teen birth rate has been rising (in fact it has been declining), but because the consequences are worse. For example, a far larger proportion of the teen births that do occur now are out of wedlock, causing greater economic problems for mother and child. In part this is due to the worsening economic situation of young adults. The decline in young men's earnings is one of the contributors to the tremendous growth in the United States of single-parent families — one in five children lives in such a family. Young men with earnings below the level needed to support a small family are far less likely to marry.

D. Child Care and Family Leave

Just three in 10 U.S. children now live in "traditional" families in which fathers work for wages and mothers care for children at home. By 1995 two out of three preschool-age children and four out of five school-age children will have mothers in the work force. Most mothers who work do so from economic necessity: almost two-thirds are raising their children alone or have husbands who earn less than $15,000 a year.

Public policy in the United States barely has begun to acknowledge these realities. Unlike more

BOX 3

Maternal and Child Health

The lack of health insurance, the high cost of medical care, high poverty rates, and shortages of primary care providers in many communities result in dismal U.S. status on sensitive health indicators:

- In 1988 the U.S. infant mortality rate was nineteenth in the world. The U.S. rate for black babies is twice the white rate and, measured alone, would have placed the United States twenty-eighth in the world, behind several so-called "developing" countries.
- In mortality for all children younger than five, the United States ranked twenty-second among nations in 1988.
- One in four babies is born to a woman who receives no prenatal care in the first trimester of pregnancy.
- The U.S. rate for low-birthweight births ranked twenty-ninth in the world in 1988. The United States made no progress in the 1980s in reducing low birthweight.
- The U.S. immunization rate for two-year-olds dropped between 1980 and 1985. The government stopped collecting these data after 1985. The U.S. rate of fully immunizing one-year-olds against polio ranks fifteenth overall in the world (for blacks the U.S. lags behind 48 other countries' overall rates). The immunization lag is leading to disease outbreaks.

BOX 4

The United States and the Convention on the Rights of the Child

The United States in recent years has failed to ratify several international human rights conventions. But CDF and other groups in the United States interested in protecting children within U.S. borders or internationally are working to convince the President to forward the Convention to the U.S. Senate, and the Senate to ratify it.

The Convention is potentially very important to U.S. children. It represents an international statement and consensus on what each nation owes its children. Particularly important are the goals and protections in the areas of the social and economic rights where U.S. children need so much assistance. If ratified, Articles 6 and 24 of the Convention would help the United States combat infant mortality — Article 6 gives a right to survival and 24 a right to health care. Articles 4 and 8 and 27 would help combat poverty and help establish the right of children to adequate food, shelter and social security. Other provisions would help child advocates protect U.S. children from family violence, sexual exploitation and drugs, capital punishment for offenses committed as a child, and discrimination. Overall, the Convention provides another important basis on which child advocates can seek improvement in U.S. policies towards children.

UNICEF has said, correctly, that children should have first call on a society's resources, in good times and bad. Too often in the United States children have had last call on the nation's formidable resources. The Convention is a tool to help change that.

than 130 other countries, the United States has no national law requiring employers to allow new parents to take paid or unpaid parental leave following the birth or adoption of a baby. A few states and some employers provide for some leave.

Inadequate leave policies force parents quickly back into the labor market, but there is no child care system ready to care for their babies. There is a tremendous shortage of safe and affordable care, particularly for infants and toddlers. Currently, government help is an ill-considered mixture of child care tax credits that do not help the poor and terribly underfunded programs of direct help for lower-income families. As a result, waiting lists for publicly subsidized care run to the tens of thousands in many states. Poor four-year-olds are less than half as likely to be enrolled in preschool as are their peers from affluent families. And millions of preschoolers or elementary school students simply are left home alone or in the care of slightly older siblings before or after school.

E. Other Problems for U.S. Children

A number of other problems plague children in the United States, especially poor children. Some examples:

Education. Many U.S. schools, especially those serving poor and minority children, are simply not good enough to prepare children for the work place demands of the twenty-first century. One-half million students drop out of high school in the United States each year. Poor teenagers are four times more likely than non-poor teens to have below average basic academic skills. Studies during the 1980s showed the United States: ranked fourteenth out of 16 industrial countries in the share of GNP devoted to elementary and secondary education; tied for nineteenth in teacher/pupil ratio; and typically ranked close to the bottom among industrial countries in various international math, science, and reading tests.

Housing and homelessness. Rising rents and falling incomes have been forcing U.S. families to pay greater and greater shares of their income for rent. More are living in substandard housing, and many more (families with more than 5 million U.S. children) are living "doubled up," in the homes of friends or other family members, one step away from homelessness. The fastest growing

segment of the homeless population in the United States is families with children. Every night an estimated 100,000 children go to sleep homeless (not counting many of the million to a million-and-a-half adolescents who each year run away from home or are thrown out by their parents). Despite a growing low-income housing crisis, the amount for low-income housing assistance provided by the federal government fell 80 percent (adjusted for inflation) in the 1980s.

Abuse and neglect. In 1986, 2.2 million children were reported abused, neglected, or both, a 66 percent increase over 1979. The foster care system is bursting at the seams from a combination of new and old causes: drugs, AIDS, abuse and neglect, and families torn apart by housing crises.

Violence. Children are safer in Northern Ireland than in the United States. One estimate is that each day 135,000 U.S. children take a gun to school. Homicide is now the number one cause of injury-related deaths among infants. Violence, some of it drug-related, is the second leading cause of death (after accidents) among 15- to 24-year-olds, and fourth for children ages one to 14.

These are the types of problems for children in the United States with which CDF grapples.

BOX 5

Marian Wright Edelman, founder and President of the Children's Defense Fund.

II. A PORTRAIT OF CDF

CDF is a private, nonprofit, nonpartisan, nongovernmental organization. It accepts no government money and is supported primarily by foundations, corporate grants, and individual donations. Members of the board of directors are selected by the prior board, so the commitment to independent advocacy for children is maintained. CDF is a charity and contributions to it are tax deductible under the provisions of U.S. laws.

CDF staff is headquartered in Washington, D.C., in state offices in Ohio, Texas, and Minnesota, and in a local office in Marlboro County, South Carolina. The staff of more than 100 includes specialists in health, education, foster care, mental health, child abuse, family income, child support, homelessness, child care and development, adolescent pregnancy prevention and youth employment, as well as print and media specialists, writers and editors, organizers, community outreach workers, lawyers, researchers, fundraisers, secretaries, and administrators.

CDF works to influence public policies at the national, state, local, and community levels. It seeks also to empower parents and to improve private sector policies toward children.

These basic facts only provide a superficial sketch of the organization. CDF's persona, how it defines itself, the type of employees it attracts, its leadership, its priorities, are what really determine how CDF attacks the problems that children in the United States face.

1) **Marian Wright Edelman.** To many people Marian Wright Edelman, the organization's founder and President, *is* CDF. Through her speeches and media appearances she is the public face of the organization. It is her vision, commitment, single-mindedness, moral stature, energy, and charisma that have been central to making the organization such a powerful force.

2) **CDF emphasizes the needs of poor, minority, and disabled children.** While CDF defines its mission as providing a voice for all U.S. children, it pays particular attention to the needs of those who are poor, minority, or disabled. CDF insists that all children in the United States should

grow up with equal chances to be productive and effective parents, citizens, and workers. CDF's single-minded focus on a coherent vision of what is right for children and the nation's future gives it one advantage in the policy debate — a desperately needed advantage since children in so many other respects are powerless and underrepresented.

3) **CDF is an advocacy group.** This may seem a truism, but it captures an important and complex set of attitudes. At CDF all activities lead in a single direction — advocating to improve the well-being of U.S. children through systemic change. Thus, while CDF conducts a great deal of research, it does not perceive itself as a research institute. The goal of the research is always to analyze the facts, refine the arguments, understand in depth the problems and ways to solve them, and convince the audience that it can and must help improve the lives of children.

When CDF publishes books and pamphlets, the goal is not solely to provide the facts, but also to motivate the readers to act for children. Every CDF publication includes an agenda for change. It is this focus on generating action for children that permeates CDF's work and distinguishes the organization. The focus is maintained by one of CDF's greatest attributes — a committed, talented, and well-known staff that shares a belief in the value of advocacy and many of whom have spent all or most of their adult lives working for children, civil rights, or poor people.

To maintain aggressive and effective advocacy CDF staff constantly must strike the right balance between forceful presentation of what children need now and recognition of the limits of what can be accomplished right away through policy makers who are often cautious, concerned about budgetary constraints, and frequently more responsive to constituents who give campaign contributions or vote. This does not mean being timid, hiding from fights, or being afraid of criticism. CDF has had public or private disagreements with presidents, cabinet officials, governors, and legislators of all beliefs and parties. It *does* mean trying to stake out positions that are both forceful and politically savvy, letting others take credit for CDF's ideas or work when that is useful, and happily entering alliances on one issue with persons or groups with whom one disagrees on other issues. It means constantly striving for efficacy.

4) **CDF presents achievable solutions**. It is not enough to dissect the problem and bemoan the results. People are eager to hear about how problems can be solved in manageable ways. CDF tries to tell each person and each group of people how they can make a difference. CDF staff members have learned that breaking complex problems like teen pregnancy or child poverty into their individual components makes it possible to attack them piece by piece and empowers policy makers, advocates, service providers, and parents.

5) **CDF values high quality and accurate work.** CDF's internal ethic values accuracy and thoroughness. Facts are checked and rechecked by several different staff members. Author Calvin Tompkins in *The New Yorker* magazine called CDF's reports "impeccably documented." CDF has a well-deserved reputation for presenting thorough, accurate, unbiased data and analyses.

Often policy makers do not have access to work of this quality. When it is presented to them, and they can safely assume it is credible because CDF's name is on it, many rely on it heavily.

6) **CDF emphasizes prevention rather than remediation.** As a recent CDF publication stated:

> Certainly some children are so damaged that very broad, long-term, and often expensive measures are necessary to help them. But millions of poor children do not fit this stereotype.... For many children at risk, modest help for them or their parents is often enough if timely and properly sustained. They need child care, not foster care; a check-up, not an intensive care bed; a tutor, not a guardian; drug education, not detoxification; Head Start [early childhood education], not years of special education; a scholarship, not a detention cell; a vaccination, not a long-term care bed. They need prevention, not remediation.

Early interventions can prevent many problems and are more cost-effective (see Box 7).

7) **CDF adheres to its priorities.** CDF has certain defined priority areas. Currently they include: maternal and child health, adolescent pregnancy prevention, family income (jobs, wages, public benefits, child support enforcement, and tax benefits for low-income families), child care, education, youth employment, homelessness, foster care, and mental health.

While these are very broad categories, there are many issues of importance to children and families they leave out, areas in which CDF keeps its

efforts to a minimum, while supporting others' work. In recent years this list has included parental leave, post-secondary education, corporal punishment in schools, and child labor. Moreover, CDF is *not* involved in children's liberation issues. It accepts that age and immaturity bring many legal disabilities. But CDF does believe that when society imposes such disabilities, it must also protect children by assuring that their basic physical and developmental needs are met.

As it is, staff members often feel overwhelmed and overworked. Keeping the organization focused on its priorities, always taking an assertive, pro-active stance in those areas, is the best way to maintain CDF's powerful advocacy edge.

8) **CDF does not accept any government funds and has a wide base of financial support.** From its inception CDF has maintained a policy of refusing to accept any funds from any government — federal, state, or local. This serves to maintain the image and the reality of being an independent voice for children, beholden to no one. It avoids the problem of the public agency establishing, over time, large or small rules that would erode the organization's mission or credibility. Moreover, the policy has insulated CDF from the problems other groups have faced when a change in government or public priorities has cut off a large share of their funds.

Some of the same problems of lack of independence or sudden income drops can occur if a group receives most of its funds from a very small number of nongovernmental sources. While a few foundations have been wonderfully generous to CDF for many years, CDF also has sought to broaden the base of its support. The fastest growing sources in the 1980s have been individual contributions, special events (such as an annual benefit dinner), and sale of publications. Even while the amount of foundation funding grew, these sources grew faster, so foundation funds declined from 70 percent of income in 1984 to an estimated 52 percent in 1990. In 1989 the sources of CDF's revenues were:

Foundations (more than 50 foundation grants)	52%
Corporations (30 donors)	5
Individuals (more than 10,000 donors)	16
Sales of publications	7
Special events	8
Conference registration fees	3
Other	9

9) **CDF is nonpartisan and uninvolved in party politics.** CDF is not formally or informally aligned with any political party. It does not support candidates, endorse political party platforms, or seek to influence election outcomes.

These limitations are required of a tax-exempt charity by U.S. law, but they also enhance CDF's independent advocacy. CDF more easily can convince candidates and officeholders of all parties to accept its views and act on them because CDF is seen as advocating for children rather than for partisan advantage.

10) **CDF is always conscious that it must remain fresh and not lose touch with children's needs.** CDF has relatively little direct contact with children through provision of services, but staff members are aware of the danger of losing touch with the needs of the children and families for whom they advocate and actively seek ways to guard against it. CDF's handful of state offices and demonstration projects (discussed in greater detail below) constantly provide a "reality check," as do CDF's contacts with thousands of service providers, social workers, and public agencies that rely on its assistance.

Staff members frequently attend or speak at conferences and meetings of parents, service providers, and state and local officials and advocates. Many staff members, when traveling, make a point of visiting child-serving institutions, both good and bad. Many also serve on the boards of other advocacy groups and service providers, or perform volunteer work in programs for children for the personal satisfaction and to keep a fresh perspective.

11) **CDF is persistent.** "When [nothing seems] to help, I would go and look at a stonecutter hammering away at his rock perhaps a hundred times without as much as a crack showing in it. Yet at the hundred and first blow it would split in two, and I knew it was not that blow that did it but all that had gone before." These words from the nineteenth century social reformer and chronicler of U.S. poverty, Jacob Riis, exemplify CDF's approach. CDF consciously takes the long view: we are in this fight to win it — in the long run if necessary, but to win it.

CDF is an institution willing to outwait, when it cannot outfight, legislators, judges, governors, or presidents who block what is in the interests of children. It has not been unusual for CDF to take five, 10, or 15 years to get the results it wants. In

the late 1980s, for example, Congress passed many of the improvements in health insurance for poor children that CDF came close to getting enacted but lost in the 1970s. Persistence and a long view are essential.

III. HOW CDF ADVOCATES FOR CHILDREN

CDF uses a very broad range of advocacy devices to speak for U.S. children.

1) **Research and analysis.** CDF typically begins work in a particular area by undertaking a very extensive investigation of the scope of the problem and its effect on children. This includes: reviews of existing research and reports; interviews of others working on the subject; visits to programs and interviews with families; analyses of published data or unpublished data that are available on request; and sometimes analysis of information on computer tapes (frequently with the help of university-based researchers).

While researchers and advocates in other countries often envy the wealth of data available in the United States, CDF staff sometimes feels frustrated by the unavailability of data. Some significant government cutbacks in data collection and publication during the 1980s exacerbated this feeling. In some cases the government stopped collecting or publishing certain data after CDF used them for analyses that embarrassed policy makers. CDF's advocacy therefore has extended to trying to preserve and improve government data collection in such realms as maternal and child health, immunization, education, and civil rights.

What matters in advocacy, of course, is not just having and distributing correct numbers but analyzing them and creating a context that gives them resonance. Official data show that the U.S. rate of low-birthweight births was 7.3 percent in 1976 and 6.9 percent in 1987. The bare fact of a reduction could be viewed as impressive, were it not for the further analysis that shows:

- All of the improvement came from 1976 to 1980. The 1987 rate is actually higher than the 1980 rate. After a decade and a half of steady improvement in the late 1960s and 1970s (following the expansion of public health programs), progress ceased in the 1980s.
- The U.S. Surgeon General (the nation's highest public health official) in 1978 set a very accomplishable goal of lowering the low-birthweight rate to 5 percent by 1990. The nation will not come close to that goal.
- The United States, despite its resources, ranks poorly among nations (twenty-ninth) in its low-birthweight rate.
- The failure to reduce low birthweight in the 1980s has contributed in turn to the slowing in the pace of improvement in the U.S. infant mortality rate, and probably means as well that whatever infant mortality improvement is occurring is happening in the most expensive way — by spending more on extremely costly neonatal care rather than on inexpensive prenatal care.

And so on.

Also as part of its research, CDF conducts extensive surveys of state activities, policy decisions, programs, and spending. Even when the national government wholly or partly funds a program and defines the broad rules, states typically have the latitude (or sometimes take latitude the federal government did not intend) to make a wide variety of decisions: Does the state limit the number of days for which it will pay a hospital caring for a sick, low-income child? How many slots for poor children does the state subsidize in preschools? What minimum staff-to-child ratio does the state require?

CDF constantly surveys states, often using college student or graduate student interns, to ascertain such information. In many of these areas the federal government does not collect or compile data; in others its information is doubtful or out of date.

2) **Publishing the results.** The results of most CDF research first surface in CDF publications — books, articles, newsletters, and monographs of various sorts. The typical publication interweaves data and analysis, surveys, anecdotes about children and families, graphs and charts, and reviews of programs and policies.

Every CDF publication not only documents the deficits that imperil U.S. children but presents an agenda for positive change. Those changes may be private or public, national, state, or local, legislative or administrative, but the link between the analysis and the change is crucial.

Nearly 70 years ago the political philosopher and commentator Walter Lippmann wrote:

"The printing of comparative statistics of infant mortality is often followed by a reduction of the death rates of babies.... The statistics make them visible as if the babies had elected [a legislator] to air their grievances."

Lippmann was only partially correct, however, or perhaps the times in which he lived were simpler. The data may speak volumes, but standing alone they do not always bring change. A pointed agenda and concerted follow-up are usually needed. As Marian Wright Edelman described one incident to *The New Yorker*: "This wonderful report of ours got the front page of *The Washington Post*, and that was tremendously exciting. And then nothing happened. Everyone went right back to doing business as usual."

A CDF publication usually has several audiences to assure that there is follow-up: policy makers, journalists, experts in the field, other advocates, service providers, academics, and the public at large. Many copies are distributed free to these audiences. Others are sold to the public.

Among recent CDF publications are:

• *A Children's Defense Budget*. This is CDF's annual review of the status of children in the United States, analogous to UNICEF's *The State of the World's Children*. The book presents data and describes programs and policies in CDF's areas of priority. There are recommendations for actions by parents and other individuals, communities, business, and the local, state, and federal

BOX 6

Where U.S. Tax Dollars Go

In 1985 the median U.S. household income was $23,618. The Internal Revenue Service reports that the group of households whose before-tax income ranged from $22,500 to $24,999 (averaging $23,710) paid $3,145 in federal income and payroll (FICA) taxes. The following chart divides $3,145 in the proportions that the federal government spent money in FY 1985, giving a snapshot of where an average household's tax payments can be said to have gone.

National defense	$ 840	
Military retirement	53	
Veterans' benefits	88	32.9%
International affairs	54	
Net interest on national debt	430	13.7%
Agriculture and farming	85	
Transportation	86	8.4%
Science, energy, & environment	92	
Social Security	627	
Railroad retirement and related programs	19	
Federal employee retirement	76	31.7%
Medicare	219	
Medicaid, except for children and their caretakers	56	
SSI	32	
Housing & energy assistance	91	
Food stamps	42	7.1%
Unemployment	58	
Medicaid for children and caretakers	19	
Child nutrition and WIC	20	
AFDC & child support	31	
Earned income tax credit payments	4	
Health care services	10	
Education, except higher education	29	
Higher education	27	5.3%
Job Training Partnership Act	6	
Summer Youth Employment	3	
Job Corps	2	
Social Services Block Grant	9	
Head Start	4	
Family social services	2	
Other	31	1.0%
Total	$3,145	

(From CDF's *A Children's Defense Budget FY 1989*.)

governments.

• *The Health of America's Southern Children.* This detailed analysis of maternal and child health reviewed the status of infant mortality, prenatal care, low birthweight, child deaths, and poverty in each of the southern states.

• *Vanishing Dreams: The Growing Economic Plight of America's Young Families* examined the economic and social disaster afflicting young families in the United States since the mid-1970s.

• *The Adolescent Pregnancy Prevention Clearinghouse* publishes six reports a year on specific aspects of teen pregnancy prevention and youth development: data, program descriptions, strategies for reaching youths at risk, and solutions. Topics have included: health insurance and teens; community service opportunities for adolescents; youth unemployment; teens and AIDS; pregnancy prevention strategies aimed at boys; teens in foster care; and child care for teen parents. There are now more than two dozen reports in the series.

• *CDF Reports* is a monthly newsletter apprising subscribers of CDF's work as well as what advocates across the country are doing in CDF's priority areas.

• In recent years CDF has conducted special studies of state child care programs, the number of children in adult jails, children in need of mental health services, children in foster care, school suspensions, state-based youth employment programs, immunization rates, federal taxes on poor families, and other issues.

3) **Budget advocacy.**

> "Due to CDF's efforts, federal funding for immunization programs doubled between Fiscal Year 1987 and Fiscal Year 1989 — meaning 50 million additional dollars were available for vaccines for needy children." Dr. Jonas Salk

One of CDF's most important and best-known activities is its annual analysis of the President's proposed budget. In the late 1970s and 1980s, politics and advocacy centering on the government's budget became increasingly central to national policy making.

There were a number of causes: the slower growth in the U.S. economy meant slower growth in government revenues; the increasing share of the national budget devoted to the military, to the

BOX 7

Cost-Effective Investments

CDF works to accompany its message of a crisis for U.S. children with a message of hope. Many programs work well for children, and the nation can accomplish again what it has before when it tried: effecting real reductions in infant mortality, low birthweight, lack of health care, childhood illness, school dropout, student achievement gaps based on race, and teen births; and real increases in student achievement, college attendance, nutrition, health status, and longevity.

Often the most effective investments also save money:

• Studies have shown that every dollar spent on special nutrition and prenatal health services for poor pregnant women saves $3 in just the first year of the children's lives by reducing low-birthweight births and prematurity.

• Every dollar spent on the childhood immunization program saves $10 in later health costs.

• Every dollar invested in quality preschool education returns $4.75 because of lower costs for special education, public assistance, and criminal justice services.

• Preventive health care and periodic checkups for children, early educational intervention for disabled children, compensatory education, youth employment, and training programs for high school dropouts, child care for low-income families with parents entering the work force, and other timely interventions also can save the society money in the long run.

elderly, and to paying interest on the public debt heightened competition for other funds; and Congress tried to control the budget process and reduce deficits by enacting tighter rules governing the passage of money-spending bills. In some respects these trends culminated in 1981 when Congress passed and President Reagan signed into law one huge package changing the rules for dozens of domestic programs and cutting $10 billion a year from programs for children and low-income families.

CDF and other domestic advocacy groups had issued reports criticizing the cuts when they were proposed. CDF's 1981 report was the first of what has become an annual study of the federal budget and its impact on children and families. CDF staff members have immersed themselves in the ins and outs of the budget process and lobby intensively on budget and appropriations laws.

In the first half of the 1980s much effort was spent to slow the domestic budget-cutting juggernaut and to devise new ways to engage in budget advocacy. Helped by a growing backlash against the worst effects of the budget cuts on the poor, these efforts achieved considerable success. By 1984 poor children generally were no longer net losers in the budget process and started to make small net gains. By 1987 there was a successful Children's Initiative in the U.S. Congress that added nearly $3 billion for programs for low-income children and families.

CDF publishes its annual budget analysis after the President issues his proposals for the coming budget year and before Congress begins consideration of the budget. Many state-level advocacy groups now conduct similar analyses of state budgets. CDF typically includes in its budget analysis:

- Data on spending trends in recent years for key programs for children, compared with spending on other population groups or budget areas.
- An analysis of how the programs function.
- A review of the impact on children of the President's proposals to Congress.
- CDF's recommendations for spending for key programs, including explanations of how investing in children can save money in the long term (see Box 7).
- Suggestions on where to find funds to pay for improvements in children's programs. This includes ideas for revenue increases or cuts in programs that are overfunded, or examples of waste (see Box 8).

Sometimes a specific CDF suggestion as to where to raise money is tied to a specific increase in a children's program. Sometimes the comparison is more rhetorical: here are some sensible ways to pay for what children need. For Fiscal Year 1991 CDF pointed out that all its suggestions could be paid for in any of five ways (for example, raising the national excise taxes on liquor, beer, and wine back to 1950s levels, adjusted for inflation), and that the five steps together could both fund CDF's proposals *and* provide enough money to eliminate all poverty among U.S. families with children.

One congressional staff member wrote in *The Washington Post* that CDF's budget analysis "skillfully raises sympathy, awareness and a sense of competitiveness..., all with a sense of purpose and direction....The tug of emotion with the business of governing [is] a well-orchestrated combination."

Almost all of the research for CDF's budget analyses is based on the government's own voluminous documents. CDF's work comes in plowing through the data, knowing how to interpret the jargon, adding the numbers together, and conducting the analyses.

4) **Getting the message out through the media.** To educate the general public (and, through the public, to put pressure on politicians and other policy makers), to try to set the tone and framework of public debate — in short to be most effective — requires reaching a far broader audience through use of mass media.

This often means distilling a complicated message to a couple of pages (for a press release) or a couple of sentences (for a radio ad or poster). Such distillation can be a painful process for some child advocates, deeply grounded in the substance and aware of the complexity of the issues. But it is a necessity.

When a society is as open and media-driven as is that of the United States, child advocates' messages to the public run the danger of getting drowned out in the cacophony of messages from businesses, government, and nonprofit organizations. Since most competitors in this marketplace have more money — often far vaster sums of money — than CDF does, imagination and leverage have to play an important role. This is doubly important because CDF's message is often more oblique than others', aimed as it is at policy or broad consciousness-raising rather than directly at

BOX 8

Different Ways To Look at Budget Numbers: Excerpts from CDF's Analyses

Federal Outlays per Person (FY 1988 Dollars) for National Defense, Interest Payments on the National Debt, and for Programs for Low-Income Families and Children

Fiscal Year	National Defense	Debt Payments	Low-Income Programs
1980	$ 812.81	$ 318.54	$ 525.83
1982	924.81	424.18	463.67
1984	1,042.55	509.13	471.52
1986	1,162.21	578.05	487.98
1988	1,111.97	576.08	516.98

(From CDF's analysis of the proposed FY 1989 budget.)

Childhood Immunizations.

The president proposes to decrease funding [in 1991] for the immunization program by several million dollars overall, giving an increase smaller than inflation in grants to the states for immunizations. He also proposes wholly eliminating support for the vaccine stockpile, which serves as the emergency reserve for our national vaccine system. This comes at a time when measles outbreaks strike the country.

An additional $80 million is needed urgently to stop the outbreaks of measles, mumps, and whooping cough that are sweeping the nation and to protect our infants and toddlers from preventable disease. Currently, only about half of poor, urban two-year-olds are immunized adequately.

(From CDF's analysis of the proposed FY 1991 budget.)

Budget Choices for Achieving Children

The tax and spending choices in the federal budget frame our national priorities and shape our society's future. When [the President] proposes for FY 1991 increases in overall federal education funding that are not even sufficient to keep up with inflation, he is proposing to shape our future in ways that will reduce our competitiveness and waste our human capital....

Our nation could make better choices.

• We could put a 10 percent federal excise tax on luxuries furs, jewelry and gems, private aircraft, boats and yachts (worth more than $15,000), and luxury cars (worth more than $20,000), and with the $1.3 billion a year raised we could pay for Head Start [preschool education] for more than 370,000 three-, four-, and five-year-olds.

• We could cancel the $1.8 billion in orders for spare parts and supplies that the [Defense Department's] own auditors say it doesn't need, and pay for WIC [nutrition supplements] for almost 4 million pregnant women, infants, and children every month for a year.

(From CDF's analysis of the proposed FY 1991 budget.)

consumer tastes. CDF has been lucky to have one of the country's most successful ad agencies contribute its creative energies to this effort.

Newspapers and radio and television news. Each working day, CDF's press office receives 15 to 20 inquiries from newspapers, periodicals, and radio and television stations. Reporters, editors, commentators, and producers look to CDF for reliable data and thoughtful analysis on the status of U.S. children and families, updates on federal and state developments, help in developing story ideas, and assistance in locating additional sources of information.

Whenever CDF issues a new book or report it issues a press release. Sometimes it holds a formal press conference. A CDF press release goes to some or all of the 3,200 reporters, producers, and editors on the various media lists CDF maintains. CDF also frequently sends to media outlets "editorial memoranda" packages of background information on issues of importance.

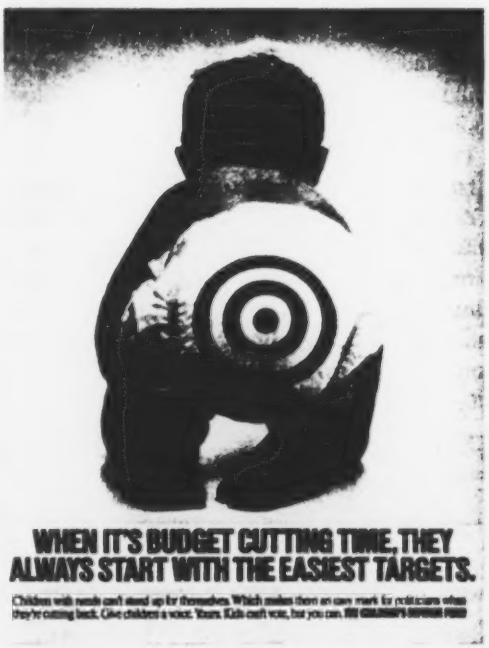
In 1988 and again in 1989 nearly 13,000 print articles were written about or cited CDF studies, reports, or staff — about four times the level in 1986 — a crude numerical measure of success.

Media campaigns. In recent years CDF increasingly has taken to waging mass media campaigns on such issues as adolescent pregnancy, immunizations, and budget cuts that hurt children. The campaigns typically use radio and television, subway and bus ads, and distribute many thousands of posters to schools and social service agencies. CDF tries to use free time or space offered to nonprofits for public service advertisements (PSAs) by broadcast stations, owners of billboard or bus shelter space, and city transit authorities on buses and subway trains.

CDF typically offers to local nonprofit groups the opportunity to co-sponsor the campaign in their localities, putting their names on the posters, PSAs, bus ads, or other materials. The local group then encourages active participation by local media.

Radio actualities. In the past half dozen years CDF also has been making broad use of radio "actualities." CDF media staff tape a commentary or an interview regarding a children's issue with a member of Congress, a state or local official, or a CDF staff specialist. They then call local radio station news rooms or radio networks around the country to see if they want to record the CDF "actuality" over the phone and play it later. Forty different stories were fed out this way in 1989.

BOX 9



A CDF public education poster.

Other media. CDF uses many of the other media techniques that advocates in public policy arenas around the world use: taking opportunities to do television or radio interviews or radio call-in shows; writing opinion columns for newspapers; visiting editorial boards of major newspapers and magazines to give briefings on children's issues. Marian Wright Edelman writes a weekly column on children and families that is syndicated to the many daily and weekly black newspapers in the United States.

On infrequent occasions CDF pays for media time or space. Although this is very expensive, it allows CDF to present an explicit message about legislative goals which cannot be aired on donated time.

5) **Mobilizing the public and building coalitions.** CDF constantly struggles to build relationships and coalitions with other groups and to draw sometimes unlikely allies into CDF efforts. Just a few of the major efforts in this regard include:

The Child Watch projects. In 1981 CDF began

a project called Child Watch to monitor and report on the effects on children of the large federal budget cuts that were occurring. Working with a set of national organizational co-sponsors, CDF helped train a racially and economically diverse group of volunteers in several dozen cities and parented the reporting process.

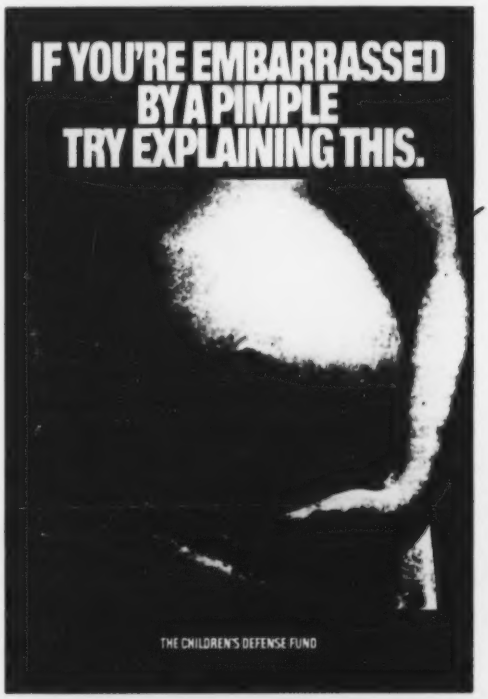
The success of this process in attracting new and more powerful voices for children led to another round, Adolescent Pregnancy Prevention Child Watch, a collaboration that began in 1984. It trained more than 2,000 volunteers from 72 communities in data collection and organizing to build community awareness of the connections between adolescent pregnancy, child and family poverty, and poor basic academic skills.

CDF now is embarking on a third Child Watch project, intended to personalize child suffering so leaders can understand more deeply the human and fiscal costs of the U.S. failure to invest in children. This "visitation" project will take politicians, business people, journalists, clergy, and other community leaders into intensive care nurseries, boarder baby wards, homeless shelters, and decaying housing projects, as well as into the myriad programs that are working well for children. It aims to stir up outrage and create a sense of urgency, while showing also the availability of positive and more cost-effective alternatives.

Mobilizing other groups and building alliances. CDF is not itself a membership organization, although thousands feel as close to CDF as if

BOX 10

Posters from CDF media campaigns.



they were members. The mass mobilizations CDF undertakes depend heavily on cooperation with other groups that do have large memberships, often parents' groups, women's groups, associations of providers, religious congregations, and unions. In a number of states there are also multi-issue children's advocacy groups that are analogues to CDF. Other state advocacy groups are involved in single issues: education reform or foster care or child care or maternal health.

CDF also has cooperated with the National Governors' Association, the U.S. Conference of Mayors, and the numerous other associations of state and local officials who more and more frequently are advancing proposals for meeting children's needs.

In recent years CDF has assisted several major religious denominations and organizations in developing campaigns related to children and poverty. CDF also works with a very broad network of black elected officials, public administrators, service providers, and professionals. New partnerships with black leaders from the television, radio, and record industries are helping CDF enhance its media campaign aimed at underscoring the seriousness of the crisis facing black children and families. Earlier, CDF launched a Black Infant Mortality Prevention Campaign with its publication, *The Health of America's Black Children*. CDF has been working to build comparable ties to Latino advocates and community leaders.

Conferences and training. About 1,500 allies from all of these constituencies come to an annual three-day conference CDF holds every February or March. They exchange information and attend sessions on both the substance and skills of child advocacy.

The annual conference is just the largest of the many conferences and training sessions that CDF conducts. CDF is planning now to multiply these efforts many times over by launching an intensive Leadership Training Institute for community leaders, educators, child advocates, and others. These efforts are supplemented by a series of publications on how to conduct better advocacy, including pieces on: running a campaign to improve prenatal care; the legal rules on lobbying and political activity by tax-exempt organizations; an advocate's guide to the media; and effective fund-raising for adolescent pregnancy prevention programs.

Reaching out to new groups. There are powerful constituencies not traditionally concerned about children with which CDF has been seeking to strengthen ties. Two of them are business groups and the elderly. Changing demographics in the United States give each group a new and stronger stake in children.

The number of children — soon to be young adults — in the United States is dwindling. In the year 2000 there will be 5.4 million (18 percent) fewer Americans between the ages of 18 and 24 than there were in 1980. The United States will need to prepare each member of this shrinking youth cohort to be fully productive if the nation is to thrive. And because youths from racial and ethnic minorities will make up a growing portion of the young work force (37 percent in 2020, compared with 30 percent in 2000 and 23 percent in 1980), all in the United States now share a self-interested stake in nurturing, protecting, and educating minority as well as majority children so that they will be able to achieve and contribute. The nation must give children a strong, competitive economy, the education to meet the escalating demands of the work place, and the food, health care, shelter, and emotional support they need.

Many business leaders have come to recognize the dangers posed by the shortage of preschool slots for poor children and by inadequate schools. The business-led Committee for Economic Development has written that the United States "cannot continue to compete and prosper in the global arena when more than one-fifth of our children live in poverty and a third grow up in ignorance." Business leaders also are beginning to understand the importance of good child care as a base for children's achievement and to reduce workers' stress and absenteeism and enhance productivity.

For the elderly also, the declining size and high poverty rates of the young working-age population should be a concern. Today's kindergartner will graduate from high school — if given enough supports, services, and encouragement to keep her in school that long — when today's retiring 65-year-old turns 77, an age well within his life expectancy.

The elderly and the middle-aged will need today's children's future taxes to pay for Social Security, Medicare (the national health insurance for the aged), and other U.S. support systems for the retired. Children in turn need now the political support of the elderly. As life spans have increased and the elderly population has grown at the same time the birth rate has declined, a shrinking share of the voting population has a direct personal stake

in supporting public actions for children. Children need support from those whose stake in their well-being may be less personal, but no less compelling when the long-term social and economic implications are acknowledged. Groups representing the elderly increasingly recognize both the moral imperatives and their economic self-interest in helping children, and have worked with CDF and other children's groups in an intergenerational coalition.

Children 1990. In the national election years of 1988 and 1990, CDF has undertaken nonpartisan campaigns to alert the public, media, officeholders, and candidates for public office to the seriousness of the problems facing children. Using posters, publications, PSAs and billboards, the campaigns' goal has been to make children's needs and achievable solutions to those needs a major theme at a time when public and media interest in domestic issues is heightened because of elections.

One cornerstone of the 1990 campaign is the distribution of 200,000 copies of *Children 1990: A Report Card, Briefing Book, and Action Primer.* This CDF publication includes: international comparisons on the status of children; a "report card" for states, grading them on their efforts for children; and lists of steps every citizen, candidate, and official should take to make sure that children are a top priority during the coming decade. The report card has proved an especially effective device for raising the visibility of children's issues in the states.

6) **Lobbying for legislation.** "Lobbying" is U.S. jargon for trying to get a law passed or stop it from passing. There are legal limits on what share of its budget a tax-exempt charity can spend on lobbying — in CDF's case about 5 percent. Within those limits, CDF is engaged actively in pushing for the passage of a range of legislation at the national and state level.

CDF's lobbying is directed both at legislatures and at the executive branch — the President and governors. The work includes conceptualizing and helping staff draft bills; testifying before committees on bills or on budget issues; distributing fact sheets to legislators' offices; and meeting with staff and legislators, presenting positions, offering ideas and working on strategy. Perhaps the most effective part of lobbying is to be present constantly, to be around when "deals" are being cut and final decisions made, to make sure that children's interests are protected.

Lobbying directly is not enough, however. Competing for attention, time, and budget dollars with far more powerful groups that vote or give money to legislators' campaigns, children are often at an inherent disadvantage in the legislative process. Appeals to morality, compassion, or common sense far too seldom compensate for this political weakness.

One way to strengthen the children's cause is through what is called in the United States a "grassroots" lobbying presence — organizing constituents to write, call, and visit members of the legislature. Over a period of years, CDF has organized such a network of child advocates, sympathetic health professionals, service providers, educators, and other citizens concerned about children. And to multiply forces, CDF works with other organizations — religious congregations, women's groups, civil rights groups, unions, and others — that can mobilize their own "grassroots" networks.

Some coalitions are specific to one issue. CDF has been waging an intensive campaign to pass a major child care initiative. To spearhead this effort, CDF organized a national coalition of more than 130 groups and helped organize more than three dozen comparable state-level child care coalitions.

One other lobbying device CDF uses is the annual publication of CDF's Voting Records — an analysis of how members of Congress have voted on issues of importance to children and families. This allows concerned advocates and others around the country to hold their representatives accountable and urge them to vote the right way more often on issues involving children.

7) **Implementation and technical assistance.** Getting statutes passed, and even getting Supreme Court decisions or executive branch orders, is not adequate to obtain what children need. Too often the administrators in charge of public programs do not act to make sure that such laws are carried out. They may be hostile to the government program, or simply overwhelmed by the demand for services and inadequate resources to meet that demand. State or local officials may resist the rules created by national laws.

The failure to implement children's rights is just as damaging as if the law to protect children did not exist in the first place. So CDF tries to make sure that the laws are carried out. This often tedious, unglamorous side of advocacy is essential to assure that promises get translated into reality.

BOX 11

A Sample of CDF Accomplishments

CDF's accomplishments over the years have been many and varied. Here is a small sample of national and state changes in which CDF played an important role.

At the national level:

• A law passed in 1979 gives hundreds of thousands of foster children the right to decent care while placed outside their parents' homes, and gives them and their families a right to services that can reasonably be expected to reunify the family.

• A 1984 law gives U.S. children a greater right than they ever had before to obtain support payments from the parent who is not in the home. This law also gives the millions of U.S. children born out of wedlock each year, and their mothers, a right to bring lawsuits to establish paternity at least through the time of the children's eighteenth birthdays.

• Laws passed between 1984 and 1989 have meant major improvements in Medicaid health insurance coverage, adding 1 million poor and near-poor children and one-half million pregnant women to the program.

• CDF's work in shaping the portions of the Tax Reform Act of 1986 that affect lower-income families has produced tens of billions of dollars in federal tax relief and assistance for low-income working families with children.

• One million additional doses of vaccine against childhood diseases are now available to low-income children as a result of CDF's work to increase funding for immunization programs.

• CDF was instrumental in 1988 in adding families with children to the list of groups against whom it is prohibited to discriminate in the sale or rental of housing.

In the states:

• In Texas 42,000 additional low-income infants began receiving infant formula in 1988 through the federal government's Special Supplemental Food Program for Women, Infants, and Children (WIC) because CDF's Texas office convinced the state Board of Health to buy formula through a money-saving low-bid system.

• Ohio has doubled its child support collections by setting up, with CDF's assistance, one-stop child support enforcement offices and securing funds for a statewide computer system. The state also is more than doubling its spending on early childhood education and child care.

• In Minnesota 27,000 poor children will be covered by a children's health plan for all uninsured children younger than nine, the first plan of its kind in the nation.

• Every child in Mississippi now has an opportunity to attend state-supported kindergarten, thanks in part to CDF's efforts to help establish the state's first public kindergarten program, which was fully implemented in 1987.

CDF takes a number of routes to this end.

Budget advocacy. Much of the budget advocacy discussed earlier is just one more step in implementing laws — making sure that agencies have enough money in reality to carry out the programs that laws create in theory while assuring also that they are using the money efficiently.

Advocating for better rules and regulations. At the federal level and in many states, an administrative rule-making process occurs after the legislature passes laws defining the general parameters of programs or policies. The executive branch agency is responsible for fleshing out and explaining the law. Many key decisions are made at this stage.

CDF has participated in dozens of these rule-making processes over the years, commenting on proposals, recommending to other groups what their comments should say, criticizing agency attempts to circumvent the process, and meeting informally with agencies to discuss rules, enforcement strategies, and other implementation issues.

Getting out the word. Through memoranda, "alerts," reports, special conferences, training sessions, short guides to advocacy strategies, and a variety of other devices, CDF attempts to communicate to state and local service providers, advocates, program administrators, and lawyers exactly what new laws and regulations require. Major recent CDF analyses have concerned new federal laws expanding health insurance for poor pregnant women and children, child care for current and former welfare recipients, foster care services, and enforcement of child support orders. Often the most enthusiastic consumers of these guides are state and local administrators who are responsible for getting new programs started but who may receive little or no guidance from hostile or overworked federal administrative agencies. Providing early, accurate, and thorough guidance to information-hungry administrators is a wonderful way for an advocacy group to affect how the new law operates.

Technical assistance to states, localities, and advocates. CDF frequently gets requests from a state or local government agency to send specialists to give in-depth advice and consultation on how to operate a program. CDF staff members try to show the agency not only ways to provide better, more coordinated services to more children, but also ways to cut unnecessary expenditures or to get the national government to pick up more of the cost by following a different path through the complex federal funding rules. CDF also helps advocates and service providers by presenting information about how good programs in other states or cities are operating.

Parents' guides. The best assurance of implementation of benefits and rights for children is parental knowledge. CDF strives to publish some simple, straightforward guides for parents on their children's rights. These have included guides for parents to: school records (how to use them and the limits on the school's use of them); the law guaranteeing disabled children educational rights; and the law forbidding housing discrimination against families with children.

Advocacy when agencies will not implement the law. Often government agencies refuse to implement or delay implementation of a law. CDF frequently tries to spur enforcement by calling this to the attention of a higher officer or agency. Sometimes CDF asks a legislative committee to investigate. The power of committees in Congress and state legislatures to conduct "oversight" hearings or otherwise put pressure on recalcitrant officials can make legislators powerful allies in the implementation process. Sometimes CDF urges journalists to report on the agencies' failures, hoping that the public embarrassment will cause change.

CDF also files lawsuits in very selected instances, typically seeking to enforce children's federal statutory rights. The possible range and number of such lawsuits are huge. CDF has undertaken cases only if it considers the case novel but capable of being replicated in other states or cities, and if it affects a large number of children. Among the recent successful CDF cases are one to get adequate dental care for poor children in Texas, and one to reform the foster care system in Baltimore, Maryland (the city was taking children out of their parental homes due to abuse or neglect, but then placing them in foster families that often were not trained, regulated, or supervised, so that too many children were being abused or neglected again).

Typically the lawsuits CDF files are "class actions" — using a device in U.S. court procedure that allows one or more injured persons to bring a claim on behalf of the hundreds or thousands of others ("the class") with the same grievance. Even with this device, CDF does not have the resources to bring one one-thousandth of the lawsuits that need to be filed for children. And children generally have very limited access to attorneys (see Appendix 2). So CDF tries to help in other ways, in-

cluding publishing materials for parents and advocates as well as attorneys.

8) **State offices.** State governments play a crucial role in meeting the needs of children and defining the respective rights and obligations of parents, children, and the government. CDF has staff members in its Washington, D.C. office who specialize in working with state and local governments and with child advocates in various states and localities. CDF also maintains offices in a handful of states — Ohio, Texas, Minnesota, and, until 1989, Mississippi — with small staffs (typically three people each).

These offices have been wonderfully successful laboratories of child advocacy techniques. The staff of these offices use the same approaches to advocacy as the national staff. They often begin by publishing studies about state data, programs, and policies. Whereas some of the best national studies break data down by state, some of the best state office studies break data down by county for issues like teen pregnancy or maternal and child health. Each of CDF's state offices engages as well in budget advocacy around state tax and spending issues.

The state offices also publish newsletters, build coalitions, engage in public education, lobby, organize, and generally do what is needed to advance the children's cause. They engage in these activities primarily around issues in their states, but also to buttress CDF's work at the national level by building local pressure. The state offices also serve as an excellent barometer for the national staff — giving early warning of coming issues and political storms.

9) **Community-based projects.** CDF occasionally begins community-based demonstration projects. These projects both increase CDF's understanding of what leads some children's programs to succeed while others falter, and make community leaders more willing to undertake efforts of their own when they can see effective, replicable programs in operation.

After a successful lawsuit against the District of Columbia revealed that there were no adequate non-institutional programs for neglected adolescents, CDF established in the early 1980s (and then spun off as an independent entity) City Lights, a school for troubled youths. City Lights has become an extraordinarily effective provider of alternative learning opportunities and support services each year for many of the high-risk adolescents who have been written off by the District's public schools as unteachable and by the social service systems as untreatable.

The newest demonstration site is a teen pregnancy prevention and prenatal health care project in Marlboro County, a poor, rural area in South Carolina. Only 38 percent of the county's pregnant women were beginning prenatal care in the first three months of pregnancy, and the county has high incidences of teenage pregnancy and infant mortality. The CDF project will combine massive community outreach with education activities relating to maternal and child health, nutrition, family planning, and parenting.

CONCLUSION

CDF intends through tough, sophisticated, effective advocacy to make it "un-American" to permit children to be poor, to suffer, or to die needlessly when the United States has more than ample means to avert many child deaths and deprivations. The United States is the wealthiest nation on earth with the world's mightiest military, the most productive farm lands, and still the most formidable industrial economy. But within this developed nation is an under-developed world where too many of our children live. The United States currently sacrifices many millions of its children to the stunting effects of poverty, inadequate health care, and poor education.

The cry of a hungry child in Botswana or Bolivia does not sound different from the cry of a hungry child in rural Mississippi or the South Bronx area of New York City. A child who is doomed to an early death by AIDS must look the same in Africa, in North America, or anywhere else on this crowded planet. In many ways, child advocates around the globe face different variants of the same problems and seek different variants of the same solutions. Development is a necessary but not total solution to children's problems. Targeted, persistent advocacy is necessary to protect the weak in industrialized as well as in developing societies and to translate ideals into reality.

After nearly two decades of CDF advocacy, there is growing recognition in the United States that doing what is morally right for children and doing what is absolutely essential to save the nation's economic vitality and maintain its quality

of life have converged. The United States no longer can afford to waste resources by allowing human deficits that cripple its children and cost billions in later remedial and custodial dollars. It no longer can afford to avoid confronting the need posed by its demographic future — to prepare far better each of the far fewer young workers who will be entering the work force. Investing in its children is not a national luxury or a national choice for the United States: it is a national necessity.

A new politics for children is emerging in the United States, with a growing bipartisan consensus, at least rhetorically, on the importance of investing in children. CDF seeks to be the servant-leader that will help translate the rhetoric into action by providing a compelling vision of a better future for all U.S. children, and by engaging in the consistent and assertive day-by-day effort that transforms vision into reality.

APPENDIX 1

Measuring Poverty in the United States

The United States government defines poverty as having household income below an official "poverty line" it sets. The poverty line amount increases with family size and is adjusted annually to reflect changes in the cost of living. For example, in 1988 the amount was $9,435 for a family of three and $12,092 for a family of four.

While widely accepted as one useful way to measure poverty, the official U.S. poverty line is not an adequate gauge of the extent of child poverty. For one thing, some other nations define poverty as a percentage of the per capita or per family income. The poverty level thereby is adjusted for real growth as well as inflation. This makes sense because poverty is not only a concept of deprivation of necessities, but represents as well a relationship to societal norms and expectations.

The United States does not adjust its poverty definition this way. As a result, while the U.S. economy and real median income have grown in recent decades, the static definition of poverty increasingly has lagged behind. In the United States the poverty level for a family of three was 41 percent of the median three-person family income in 1960. But the poverty level fell to only 28 percent of that median in 1988.

This means that some families (with incomes somewhat above the official standard) are not defined as poor but would be if the poverty level were better measured, and that those families officially defined as poor are even poorer in relative terms than comparable families a generation earlier (their incomes are a smaller share of a typical family's income). They have become further detached from the mainstream society.

APPENDIX 2

U.S. Children and the Legal System

There are only a few matters in which the United States gives any child a right to a lawyer or other representative, including appointed counsel paid by the government if the child's family is indigent. One of these comes when there is an accusation of delinquency that may lead to commitment to an institution, although even in these cases the quality of representation varies greatly. But in general there is no right for children to a qualified representative in such matters as: custody determinations in divorce cases; decisions to place a child in a mental hospital; or school expulsion or suspension hearings. In each of these instances, whether a child has a right to be represented depends solely on state law or local rules or customs. The federal government does require, however, that states taking certain federal child abuse funds provide the child a guardian or an attorney in abuse and neglect cases.

There is no widespread network of advocacy centers or legal centers to which children know to turn when they are in trouble. There is no "ombudsman" or comparable structure. There are in many communities organizations of lawyers who receive federal funds from an entity called the Legal Services Corporation to provide legal services to poor people in noncriminal cases. Like public defenders in delinquency cases, many of these lawyers are overwhelmed by unmanageably large caseloads. But this is a critical network of advocates asserting the rights of poor people, and many of these lawyers focus on representing poor families in their claims to the basic means of survival — food, shelter, health care, and other necessities.

Biographical note

Born in New York City 1945. B.A. Cornell University 1967. J.D. New York University 1969. Attorney with Legal Assistance Foundation of Chicago 1969-1982, much of that time as deputy director overseeing major litigation in federal courts. Represented low-income clients in numerous welfare, Social Security, and constitutional cases in U.S. Court of Appeals and U.S. Supreme Court. Since 1982 with Children's Defense Fund, currently as General Counsel, with responsibilities for overseeing legal work and selected projects, publications, and campaigns. Has served on numerous boards of anti-poverty and child advocacy organizations and written widely on these issues.

Married, with two children.

unicef

International Child Development Centre

Piazza S.S. Annunziata, 12
50122 Florence, Italy
Tel. 39 55 2345 258
Fax 39 55 244 817
Telex 572297 UNICEF I

$4.00 U.S.A.

BEST COPY AVAILABLE